

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. Dr. Jeanette K. Wendt

Mailing Address 6000 E Territory Ave

City

Tucson

State

AZ

Zip Code

85750-1805

FEC ID number of contributing
federal political committee.

C

Name of Employer

NNS Clinical Research

Occupation

Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 19 / 2015

Transaction ID : 38103921

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Carmel Armon

Mailing Address 99 Pinewood Drive

City

Longmeadow

State

MA

Zip Code

01106-1639

FEC ID number of contributing
federal political committee.

C

Name of Employer

State of Israel Ministry of Health

Occupation

Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 19 / 2015

Transaction ID : 38103922

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. James P. Wymer

Mailing Address 6 Dennin Drive

City

Menands

State

NY

Zip Code

12204-1204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albany Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 19 / 2015

Transaction ID : 38103923

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00